

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90227 002 ***150.00

6906690

DOCUMENT # F01000001077

1. Entity Name
SSB, INCORPORATED OF VIRGINIA



Principal Place of Business
**3702 PENDER DRIVE, SUITE 402
FAIRFAX VA 22030**

Mailing Address
**3702 PENDER DRIVE, SUITE 402
FAIRFAX VA 22030**

20033526



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **54-1719032**

Applied For
Not Applicable.

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTCD	<input type="checkbox"/> Delete
NAME	BLAKE, JIMMIE O	
STREET ADDRESS	7212 NEAPTIDE LANE	
CITY-ST-ZIP	BURKE VA 22015	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORTGAT, CATHY P	
STREET ADDRESS	6806 ERICKA AVENUE	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAKE, TERRI S	
STREET ADDRESS	7212 NEAPTIDE LANE	
CITY-ST-ZIP	BURKE VA 22015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmie O. Blake Jimmie O. Blake, CEO 4/18/2003 703 277-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)